

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017309

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4120

1. **FILED MAY 1 1962**

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**Length of stay in 1b
13-days2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**c. CITY OR TOWN **Normandy** Inside Limits Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Lutheran Hospital**Inside Limits Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
7626 Natural Bridge Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Agnes**Gertrude****Stookey**

4. DATE OF DEATH

Month

Day

Year

April**18,****1962**

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11/21/83

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
employee10b. KIND OF BUSINESS OR INDUSTRY
Caradine Hat Co.11. BIRTHPLACE (City and state or country)
St. Louis, Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

John Burns

13b. MOTHER'S MAIDEN NAME

Bridget

14. NAME OF HUSBAND OR WIFE

Chester Stookey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Richard J. Stookey-Southpoint, Ohio18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bilateral BronchopneumoniaINTERVAL BETWEEN ONSET AND DEATH
one week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

491X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Pyelonephritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **4/14/62** to **4/18/62** and last saw her/him alive on **4/18/62**
Death occurred at **4/18/62 11:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frederic Mortensen M.D.

22b. ADDRESS

3701 Grandel Square

22c. DATE SIGNED

4/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Apr. 21, 1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis,

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

WACKER-HELDERLE-3634 Gravois Ave.

25. DATE RECD. BY LOCAL REG.

APR 20 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clarence M. Billo

Licensed Embalmer No.

4375

P. O. Address

St. Louis 23, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.